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ABSTRACT

This chapter begins with a historical perspective of multiculturalism and diversity issues within the counseling profession. The author hopes to challenge counselors who conduct family work to adopt a personalized approach to cultural self-understanding and skill development through personal introspection. Case examples, questions, and introspection exercises provide self-examination opportunities that can form the basis for cultural competency. This chapter also looks at societal expectations of the family and family tasks. Finally, multicultural practices and strategies are discussed that can enhance family work and propel counselors forward on their journey to becoming culturally competent family counselors. (Contains 40 references.) (GCP)

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Diversity Issues in Family Work

by

Fran Steigerwald

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Chapter Nine

Diversity Issues in Family Work

Fran Steigerwald

I begin this chapter with a historical perspective of multiculturalism and diversity issues within the counseling profession. My hope is to challenge counselors who conduct family work to adopt a personalized approach to cultural self-understanding and skill development through personal introspection. Case examples, questions, and introspection exercises provide self-examination opportunities that can form the basis for cultural competency. In order to maximize the impact of this chapter, I encourage you to keep a working notebook or journal.

In this chapter I also look at societal expectations of the family and family tasks. I examine and challenge societal preferences for particular structures and appearances that influence our concept of a "normal" family or "normal" family functioning. In addition, I examine how you can gain knowledge and understanding of the culture of the families you counsel. I provide some basic cultural information and sources for further exploration to help you gain these needed pieces. Finally, I discuss multicultural practices and strategies that can enhance your family work and propel you forward on your journey to becoming a culturally competent family counselor.

Where Multiculturalism Began: History and Challenge

The Civil Rights Movement of the 1960s exploded the myths of America as color blind and as a giant melting pot, shaking societal complacency about race and culture. The movement empowered minorities to speak out and define themselves as an essential and recognizable part of a pluralistic society, needing and benefiting from inclusion into the mainstream. At the same time, the movement challenged the power base of White privilege and entitlement, forcing people to self-examine what they judged as "right" and to include multiple perspectives and a diversity of worldviews. The Civil Rights Movement began the growth and understanding needed for the inclusion of all citizens into the mainstream of society.

At the same time, the feminist movement began to give voice to women and women's issues. Sexism, the unequal distribution of power between men and women in American society, and the dissatisfaction of many women with the traditional, restricted female roles began to be highlighted and addressed. Awareness, discussion, and initiation of expanding and changing women's roles changed the function and form of the family and of society. Diversity among families challenged the uniform, traditional model of family as having a working father, a stay-at-home mother, and two children, all of whom look the same. Issues of women's power; reproductive rights; domestic violence; and emotional, physical, and sexual abuse became family issues that needed to be addressed and worked through in family counseling situations.

Wrenn's 1962 challenge to counseling professionals to recognize ourselves as "culturally encapsulated counselors" (p. 444) began a critical examination of professional issues, assessment biases, and culturally restrictive practices with the goal of understanding equality and multicultural issues. A few professionals dismissed this challenge and held firm to the power base that affirmed their entitlement to set standards for others. Many, however, were troubled to think that their professional efforts were directed to defining and upholding a universal stereotype of "healthy family functioning," acceptable

behavior, or "normalcy." Many were aghast to think that our profession encouraged people to conform to societal constructs proposed and perpetuated by the dominant White middle-class male perspective. Many counseling professionals began examining the counseling process itself. White, middle-class male values and behaviors that perpetuated personal, organizational, and institutional sexism and racism seemed to be the operational standard. Continuing dialogue and examination among enlightened professionals uncovered bias against, misdiagnosis of, and underserving of minorities and diverse populations. The rapid ideological and demographic changes in society over the past 40 years have added fuel to this cultural movement and necessitated moving multiculturalism into the forefront of the counseling profession as an important and timely topic.

What do the terms *diversity* and *multiculturalism* mean in the new millennium? *Diversity* is defined in the *American Heritage Dictionary* (Pickett et al., 2000) as "a point in which things differ." This raises the question, differ from what? At least when applied to people, the implication is different from the norm, the dominant White middle class, the majority way of being, thinking, looking, sounding, acting, and loving. Predominant in this difference is the concept of culture, which Bucher (2000) has defined as a "way of life, including everything that is learned, shared, and transmitted from one generation to the next . . . languages, values, rules, beliefs, and even material things we create" (p. 2). Bucher also uses the term *cultural landscape,* "referring to the different lifestyles, traditions, and perspectives that can be found in the United States and throughout the world" (p. 2); this landscape is in a state of constant change.

Exercise One

Spend a few minutes thinking about the larger society in your life today. Think about the people you come into contact with or see or read about in the media. Does your panorama of society contain more ethnic minorities; gender role differences; socioeconomic diversity; people with disabilities; and people of various ages, religions, beliefs, values, and sexual orientations than the society

Exercise One continued

your parents or grandparents experienced at the same points in their lives? Does this perception help you understand Bucher's concept of a changing cultural landscape?

The changes in the U.S. cultural landscape can be quantified. The U.S. Bureau of the Census (1997) estimates that the racial and ethnic minority population in the nation will reach 47% by the year 2050, meaning that the percentage of Whites will drop to 53% or less. Another factor to consider in these statistics is the growing number of people who do not want to be defined by race and refuse to list any category, who mark the category "other," or who have multiple heritages that defy categorization. La Raza, a nonprofit Hispanic advocacy group formed in 1968, reported an increase from 22.4 million Hispanics living in the United States in 1990 to 35.3 million in 2000, with more than one third of this population being under 18 years of age. Not only states having historically high Hispanic populations, but also states in the Midwest have experienced dramatic rises in the Hispanic population. Within the 10-year period between the two most recent censuses, Wisconsin's Hispanic population rose by 107%, Iowa's by 153%, and Minnesota's by 166%.

Another factor contributing to the changing cultural landscape in the new millennium is technology. McLuhan's (1967) term *global village* refers to the shrinking of the modern world as technological developments bring the people of the world together, increasing contact and awareness across cultural differences and highlighting the need for understanding of these differences.

Cultural isolation and bias have more opportunities to be challenged as diverse worldviews come into contact. It is each person's challenge, and our profession's ethical responsibility, to decide whether to choose to hold on to narrowly defined perspectives of "acceptable" standards of living and being, or whether to learn to appreciate and celebrate diversity. The heightened awareness of diversity and diversity issues, as well as altruistic concerns for the effectiveness of counseling as a true helping profession, propel and

continue counselors' quest for professional self-examination. It has taken more than half a century of dialogue and honest and brave introspection, collectively as a profession and individually as human beings, to arrive where we are today. Almost every text and counselor training component touches on multicultural issues and gender sensitivities. Less and less frequently are these issues being relegated to last chapters or afterthoughts, and more and more they are being incorporated into theories, understandings, and strategies. Multicultural competency and skill training has begun. Cultural sensitivity has become a way of being as a counselor, not just a garment that is put on when certain clients walk into our offices. There are still, however, many counselors who lack knowledge and understanding of the life circumstances of the culturally diverse families with whom they work and who see their clients only from their culturally bound perspective. Multicultural awareness and appreciation is our profession's challenge for the millennium.

This challenge is not an easy one. We are often slow to stretch our comfort zones of life. It is very hard to view objectively, let alone challenge, the values we hold very close. Our culture, personal perspectives, and worldviews are part of what define who we are. The process of arriving at a true understanding is complex, difficult, and frustrating, especially when we may not even think to challenge the majority ways of thinking and doing. The easier road through life may appear to be not examining or challenging these issues, but this road is one of stagnation.

Exercise Two

Take some time now to reflect on your life. Read the following statements, then either close your eyes and reflect on or write down your responses:

- When you look around your home, what images do you see? What do people look like? How similar are they to you?
- When you go out into your neighborhood to shop or take a walk, what images do you see? What do people

Exercise Two continued

look like? How similar are they to you?

- When you go to your place of work, what images do you see? What do people look like? How similar are they to you?
- When you go to your church, mosque, or temple, what images do you see? What do people look like? How similar are they to you?
- When you choose to have a party, what images do you see? What do people look like? How similar are they to you?
- When you go out to socialize with large groups of people, what images do you see? What do people look like? How similar are they to you?
- How diverse are the people in your daily life? What do you think about your level of contact with diversity? Does or could this level influence your personal perspectives and your professional cultural competency?

Usually, it is not until people feel discomfort in their lives that they consider new ways of doing and being. The shrinking global village necessitates change and causes discomfort for many, as they experience increased opportunities to meet diverse people and have their standards and rules challenged. Cultural sensitivity begins with contact and awareness, but it must also be accompanied by a willingness to change and be challenged. When pain and discomfort create personal introspection, the status quo begins to be shaken up and the process has begun.

The same process also occurs within family dynamics. Jackson (1957) studied the family as a unit and was the first to observe its resistance to change, which he coined *homeostasis*. The families with whom he worked were suffering from dysfunction, but their resistance to change, which produced negative feedback loops, provided the family with a sense of stability. A goal of family counseling became challenging that homeostasis, shaking up the family, and introducing

positive feedback to bring the family into a state of heightened awareness. So, too, a goal of multicultural counseling is for the counselor to examine his or her own ways of thinking and judging and to introduce new, positive awarenesses and approaches.

Counseling in general and family counseling specifically will make little progress in the new millennium if cross-cultural differences are ignored or misdiagnosed. Family sessions may be ineffective if the counselor lacks an understanding of cultural perspectives. We counselors are growing and becoming more aware as a profession, yet we are not as good as we can become. What we need today is a willingness to subject ourselves and our profession to critical examination and strategic development.

Family and Society: Cultural Diversity Issues

If there is anywhere where diversity issues are magnified and manipulated, it is within and among families and in family counseling. The dramatic struggles within families to balance individual versus group needs, autonomy versus conformity, and tradition versus moving to new ways of being are played out on the family stage as culture and values are transmitted from generation to generation. In the past, the goal of family counseling was often to help all families adopt or conform to societal expectations and norms, with little thought to individual families' cultural backgrounds. Today, family counselors acknowledge the complexities of cultural backgrounds and help families understand and negotiate societal and cultural influences. How do family work and multiculturalism interrelate? This section is divided into six areas of reflection that can help to explain the interaction of family and multicultural counseling.

The Role of Family in Perpetuating Society

The importance of family is intrinsically understood in our society, because the family's main charge is the development of healthy individuals in order to continue society (Duvall & Miller, 1985). When a child is born or brought into a family, the societal expectation is

that the family will nurture and raise the child for optimal growth in body, mind, and spirit. The most crucial task of a family is the development and socialization of children into mature, healthy, and productive members of society. Duvall and Miller propose a family life cycle that organizes the family's developmental tasks. These tasks include providing physical maintenance, such as food, clothing, shelter, and health care; maintaining order with rules, roles, and boundaries; teaching responsibility, the division of work, and the allocation of assets; developing appropriate conceptual abilities, motivation, and morale; giving and receiving affection; achieving an appropriate balance of dependence and independence and conflict resolution patterns; and the reproducing, socializing, and releasing of family members into the larger society. It is the family that gives children the skills that will allow them to operate effectively in society.

This relationship between family and society can be fraught with anxiety. The belief that when society is in difficulty the family must not be meeting its obligations results in placing blame on the family. The demise of the family has often been blamed for causing the demise of society. Reiss and Lee (1988) wrote about the stability of the family, "The last 50 years have apparently changed the marriage relation from a permanent and lifelong state to a union existing for the pleasure of its parties. The change thus swiftly wrought is so revolutionary, involving the very foundations of human society, that we believe it to be the result not of any temporary condition" (p. 309).

The interesting thing about this statement is that it was made in 1887 and referred to changes in family life between 1837 and 1887. Gordon (1988, p. 17) stated, "For at least 150 years, there have been periods of fear that 'the family'—meaning a popular image of what families were supposed to be like, by no means a correct recollection of any actual 'traditional family'—was in decline; and these fears have tended to escalate in periods of social stress."

In order to focus on this particular issue, you may wish to ask yourself these questions:

- Is the family an agent of society? If so, to what extent?
- What is the relationship between individual family

differences and autonomy versus societal expectations?

- As family counselors, to what extent are we also agents of society, perpetuating societal standards that are based on the majority rule?

Societal Expectations of the Normal Family

Societal norms exist concerning what a normal, traditional family looks like. Deviations from these standards are often framed and examined as problematic. Although the importance of the family goes unquestioned, the structure of the family, what a normal family looks like, is often questioned and may be at the basis of some reactive thoughts about family diversity. Individual and societal problems have tended to be examined in the light of family-of-origin structure, using White middle-class traditional norms as indicators of optimal functioning. Many social problems and issues have been seen as failures of the family, due to deviations of the family from the expected structure. Family research has examined the impact of family structure and functions upon the development of children. A number of studies have found that the more a family deviates from expected structural norms, the more it is questioned (Jacobson & Gurman, 1996; Morrison, 1995; Saucier & Ambert, 1986). Paramount is the notion of what a "normal" family looks and acts like, assuming, of course, that "normal" families rear "normal" children (Walsh, 1993). Inherent in this discussion is the judgment that if a person or a family does not measure up to the dominant standard, then it is deficient and therefore inferior (Thomas & Sillen, 1972; Westley & Epstein, 1969).

The concern over what the family structure should look like and what family values are correct made its way into the popular political arena in the 1990s when former Vice-President Dan Quayle criticized the popular television show "Murphy Brown" for featuring a forty-something unwed mother. Many across the country echoed his beliefs that family values were eroding and made the causal connection between diverse family structures—often specifically families without live-in fathers—and social upheaval, poverty, lack

of morals, crime, and violence (Whitehead, 1993).

Many researchers over the past three decades (Offer & Sabshin, 1974; Skolnick & Skolnick, 1992; Stacey, 1990; Walsh, 1989) discussed the inherent problems of referring to family normality without a clear understanding of the term. There are numerous ways to define "normal." *Normal* can be used in terms of referent health, as in an absence of symptomatology or disease. *Normal* can be defined as a statistical majority, in which case divorce is the statistical norm, as 50% of all U.S. marriages end in divorce, and when unfiled separations are included, the estimate reaches 66% (Martin & Bumpass, 1989). *Normal* can be used as a template for ideal or optimal functioning, as when a height and weight chart is used to assess an infant's growth. *Normal* can also be used in reference to developmental processes within the family life cycle, as when we say that it is normal for adolescent children to begin to separate from their parents (Walsh, 1989).

Normal can also be used to perpetuate the culturally restrictive myth of a normal family being White; containing a biological mother and father with 2.3 children (preferably a boy and girl), a dog and a cat; living in a home that they own; and having an annual income in excess of $30,000. It would serve the family counselors who are examining bias and underutilization of counseling by minorities to re-examine the term *normal* and all its entrapments and inherent judgments in our conceptualization of diverse family clients.

May (1998) helps clarify this conceptualization:

> The concept of the traditional nuclear family continues to permeate our thinking and our interventions. This concept leads to distinction between traditional and alternative families. The distinction is dubious, both historically and morally.
>
> Historically it attributes a sense of false universality to a family type that is a relatively recent creation and that is continuously in change. This false historical attribution is then used to give legitimacy to certain family types and not others, independent of the special consequences of each

family on the lives of the people within the families. (p. 296)

Here are some questions that you may wish to examine:

- Is one "type" of family judged better than another by our society, by your family, by yourself? If so, what effects do these judgments have upon those families and members that do not fit within the acceptable "type"?
- Think about diversity among families in structure, appearance, race, creed, physical characteristics, roles, rules, operational dynamics, sexual orientation, and socioeconomic status. Who sets and promotes those standards?
- How do these implied standards affect our work as culturally competent counselors?

Family as the Vehicle of Both Culture and Worldview

The family is the vehicle that both carries culture forward to the next generation and teaches values, prejudices, worldviews, and cultural identity. We need to examine our tolerance levels for cultural variations within the family itself. McGoldrick (1993) defines *family culture* as a person's context, including rules, beliefs, rituals, thoughts, language, class, religion, geographic and ethnic background, and family history and experiences. Understanding family culture is essential to understanding development and identity and the perspectives that clients bring into a counseling session.

Worldview and *racial/cultural identity development* are two multicultural concepts that can help counselors contextualize clients in their culture. *Worldview* is a personal orientation to and perception of the world. It is taught and cultivated within the family framework of values. The work of Ibrahim (1985), Kluckhohn and Strodtbeck (1961), Pedersen (1988), and Sue and Sue (1999) formulated the value-orientation model of worldview. In this model, worldview can be described using the four life dimensions of time, activity, social

relations, and relationship with nature, which are culturally appropriate for all persons. The premise is that various cultures view these four dimensions differently. Variations on these dimensions are to be understood and accepted from a personal cultural perspective, rather than being judged as problematic or symptomatic. Differences in worldview among family members can be examined and discussed without applying inherent bias.

Time. Does the family promote a past, present, or future orientation to time? Many cultures value and respect past history, others value living in the moment, and still others place emphasis on planning for and anticipating the future. What values and beliefs within the family emphasize a particular orientation toward time? How do individual family members view time? How are differences in their views handled?

Activity. Where does activity fit in this family's life? Is it a doing, becoming, or being family? How are work, leisure, introspection, and quiet time valued? Some cultures and some families value one position over the other. What values and beliefs within the family emphasizes a particular orientation toward activity? How do individual family members view activity? How are differences in their views handled?

Social relations. How are social relations defined in the family's life? Are they linear (leaders and followers), collateral (consultant and collaborative), or individualistic (each is in control of his or her own life)? What type of social relations are valued and respected within the family? How do individual family members view social relations? How are differences in their views handled?

Relationship with nature. What is the family's relationship to nature? Does nature predestine and determine life? Is life lived in harmony with nature? Or is nature a challenge to be mastered and controlled? What values and beliefs within the family emphasize a particular orientation toward nature? How do individual family members view their relationship to nature? How are differences in their views handled?

Inherent in each of these four dimensions is a personal or cultural belief about control and responsibility, including whether control is

externally or internally oriented, who has the control and responsibility, and how it is used (Rotter 1966). These beliefs begin to formulate a pattern of cultural assumptions about the world. Each dimension can be valued and understood in the context of culture and worldview, rather than the context of family judgment and labeling.

Ivey, D'Andrea, Ivey, and Simek-Morgan (2002) present the concept of worldview in another way: You and your clients are constantly making meaning in the world. The way you frame the world and what it means to you is a story you tell about what you experience and observe throughout your life. Not only do you make meaning of this complex world, but so do counseling and therapy theorists. The stories told by existential-humanistic, cognitive-behavioral, psychodynamic, and multicultural theorists are different and sometimes competing, but they provide rich ways for you and your clients to think, feel, and act differently now and in the future (p. 2).

Racial and cultural identity is a unique and developing dimension that many researchers have studied and determined to be developmental (Atkinson, Morten, & Sue, 1989; Cross, 1971; Hardiman, 1982; Helms, 1984; Ponterotto, 1988; Ruiz, 1990). Over time and through reciprocal social interaction experiences, individuals can change their racial and cultural identities. Cultural development has various levels, statuses, or stages that a person may cycle through or choose to remain at. These various stages or statuses are not fixed and rigid, but they do provide a theoretical foundation for recognizing differences within groups and movement among stages. Individual family members may simultaneously be experiencing various stages of cultural identity or acculturation to the dominant culture.

The racial/cultural identity model developed by Atkinson, Morten, and Sue in 1989 provides a framework for conceptualizing and discussing these different stages. Their work defines five stages that oppressed people, people of color, may go through in developing an understanding of their cultural identity within a dominant group:

1. **Conformity.** The person values the dominant group and deprecates his or her own group.

2. **Dissonance.** The person is aware of inconsistencies between the dominant group's values and his or her own.
3. **Resistance and immersion.** The person deprecates the dominant group, appreciates his or her own, recognizing oppression.
4. **Introspection**. The person becomes concerned about the appreciating and deprecating process and may see group views as interfering with individual autonomy.
5. **Integrative awareness**. The person appreciates his or her own self and cultural group while appreciating selected aspects of the dominant group.

Hardiman (1982), Helms (1984), and Ponterotto (1988) all developed White identity-development models based upon the assumptions that racism permeates society and that cross-cultural connections influence the dominant White culture. Helms' (1984) six status levels are the most widely cited and used in research:

1. **Contact status.** The person is satisfied with his or her current status and is unaware of racism.
2. **Disintegration status.** The person feels anxious and disoriented because of racial dilemmas.
3. **Reintegration status.** The person idealizes his or her own racial group and is intolerant of others.
4. **Pseudo-independence status**. The person expresses intellectual commitment to his or her own group and deceptive tolerance of others.
5. **Immersion/emersion status.**
   The person engages in a personal search for the meanings of racism and entitlement
6. **Autonomy status**. The person makes a commitment to relinquish entitlement and racism.

There is a continuum in how tolerant families are of diversity within the family itself. At one end of the continuum, all family members must look, walk, talk, and act alike. A monoculture of sorts exists within the family and everyone must be the same to be accepted. At the other end of the continuum, individuality of expression, appearance, and thought is so emphasized that each member is unique

and the family so disconnected that it appears to have no family culture at all. Somewhere between these two extremes fall the majority of families and their worldviews.

There is also a continuum in how tolerant families are of divergence between their family's culture and the dominant societal culture. At one end of the continuum, the family may foster a strong racial pride within the family, independent of societal values. At the other end, the family rule may be to become acculturated to the dominant culture, to fit in and blend in. Alternatively, multiple stages and racial identities may coexist within the same family. Similar continuums of tolerance for diversity exist for gender roles and expectations within the family, for immigrant parents and their first-generation children, for interracial families, for multigenerational households, for blended families, and for families with alternative lifestyles.

Here are some questions to ponder:

- How is the culture within a family influenced by the greater societal cultural norms?
- Are cultural norms influenced by individual family cultures?
- How are individuals, families, and society interconnected?
- How does an understanding of worldviews and racial identity development assist you in being a culturally competent counselor?

Cultural Self-Awareness

A culturally competent counselor needs to be aware of his or her own family culture and how it may influence counseling relationships, especially when working with a family whose culture is different. A sound therapeutic relationship is necessary for effective counseling to take place. Counselors' basic training and skill development center upon that concept. Counselors are charged with creating conditions wherein rapport can be built and congruent relationships established, using empathy, unconditional positive regard, and genuineness (Rogers, 1957). Even if the counselor practices these fundamental skills, however, the interaction between the family and the counselor

can be fraught with major misunderstandings, especially if cultural differences between the counselor and the family are not considered or acknowledged. Understanding and valuing the importance of culture begins with an understanding and valuing of one's personal cultural foundations. "Counselor, know thyself" has been an imperative to professionals to be vigilant about self-awareness and professional development and continually to examine themselves and their theoretical orientations. Knowing how your own family has affected your development and the formulation of your culture is important to cultural competency. Knowing and understanding your family's myths about what is normal, your family's tolerance for diversity among its members, your learned biases and judgments, your worldview, and your racial/cultural stage of identity development forms the foundation for cultural competency. Complete the following exercise to examine your family culture and how you conceptualize family culture.

Exercise Three

Read over the following exercise and allow yourself sufficient time and introspection to tell the story of "My Culture" by writing down your responses to these questions.

- When did you first realize that you were _____ [YOUR RACE]? When did you first realize that you were _____ [YOUR GENDER]?
- What story or stories are connected with those times?
- What do you think and feel about your race? Your gender?
- Are there other stories connected to your emerging awareness?
- What are your central beliefs, values, or rules of life? How did you get them?
- What is most important to you?
- What are your religious or spiritual beliefs?
- What roles do you assume in your life? Where did these come from?

Exercise Three continued

- What are your interactions and boundaries with others in your family and outside of your family? How did you come to learn them?
- What were you taught within your family about people who were different from you?
- What were your interactions like with diverse populations?
- How does your gender influence your life views and choices?
- How do your gender and sexual orientation conform to or differ from those of your family?
- Is there a physical characteristic that has a defining role in your life?
- What is your worldview? Your orientation to time, activity, social relations, and relationship with nature?
- Do you see yourself recognizing your own racial development in your life?
- Do you see yourself as a cultural person? Can you appreciate your cultural formation?
- What is the importance of family in this process?

Share your cultural story with someone you value, someone who will listen and appreciate your story. Afterwards, ponder these additional questions:

- What was this sharing like for you?
- How do your family dynamics affect your culture?
- What have you come to understand about yourself as a cultural person?
- How do you feel about others as cultural beings?
- How has this exercise helped you increase your cultural sensitivity and understanding?

Knowing and valuing your own culture helps you to understand and value the culture of others. Understanding how intrinsic and complex your own culture is can help you eliminate bias and racism in your family work.

Multiculturalism was not considered in the development of many family counseling theories. European or White North American and male references formed the basis of many traditional counseling theories and interventions. The client's context was often ignored, even to the point of excluding family considerations. Cultural competency urges you to examine theoretical perspectives from a multicultural context in order to effectively meet the needs of your clients (Ivey et al., 2002).

Exercise Four

Understanding the importance of family, family culture, and the need to consider the multicultural implications of your theoretical approach, you are preparing to meet a new family for family counseling.

Before You Meet the Family

A woman named Susan phones your office to set up an appointment for her entire family. The secretary prepares an initial intake, providing you with the following information:

> Susan and Marty are the parents of Joe, age 13, and Faye, age 12. They have lived in a middle-class suburban development since Joe was born. Susan is a full-time nurse for a local cardiologist and Marty is a pharmaceuticals salesman for a national drug company. Susan states that they have always been very open and free in communicating with each other and with their children. Their children have responded in a fun-loving, spontaneous manner until about six months ago. Susan states that nothing significant has happened or changed in their family. She and Marty have a solid, loving relationship. However, the children are now showing signs of moodiness and

isolation from the family. They want to stay in their rooms and not participate in fun family activities the way they used to. Their children have been having some difficulty in school; their grades have dropped from As to Bs and Cs, and some minor altercations (unexplained spats with their classmates) have been reported between classes. The classroom teacher suggested family counseling. Susan's mother, who teaches in a middle school, has told Susan that this is normal adolescent behavior and that she should not overreact to these small things. Susan says, however, that they have been very involved parents and do not want to ignore what may become a larger problem.

Before You Meet the Family

You are giving some thought to this family. You want to be prepared and you also like to "center" yourself before they come in. Take some time here to formulate answers to the following questions:

- From the small amount of information you have, what ideas do you have about this family?
- How will you help set the tone for a sound therapeutic relationship with this family?
- Would you do anything different in this family session than you would in your "typical" first family meeting?
- Are there any special areas you might like to explore?
- In general, how are you feeling about seeing this family?

The Family Walks In

Susan and Marty are both women.

What reaction do you sense within yourself? Thoughts? Feelings? Would you make any changes in your strategy?

Exercise Four continued

Susan is a Black woman and Marty is a White man.

What reaction do you sense within yourself? Thoughts? Feelings? Would you make any changes in your strategy?

Susan wheels in her husband, who is quadriplegic.

What reaction do you sense within yourself? Thoughts? Feelings? Would you make any changes in your strategy?

Susan and her husband Marty are both White; they introduce you to their two Asian children.

What reaction do you sense within yourself? Thoughts? Feelings? Would you make any changes in your strategy?

Susan and Marty are Hasidic Jews.

What reaction do you sense within yourself? Thoughts? Feelings? Would you make any changes in your strategy?

Think about your reactions. Try not to judge them as good or bad, but rather as indicators of where you are and where you may have to go with these issues. You may have had reactions ranging from "I had no reaction whatsoever," to "I was unsure where to go with this family when I saw that they were____," to "Finally, I had something to hang my diagnostic hat on," to "I froze and needed time to regain my composure," to "I don't want to work with those kinds of families." What can you learn about yourself through these reactions? What would you like to do with these reactions?

Diversity challenges all of us. Look at the range of reactions to diversity issues I listed at the end of the exercise: numbness, defensiveness, fear, quick assumptions, panic, relief, self-consciousness, and avoidance. Our reactions tell us about our comfort level in working with diverse families. They also give us a measure of how culturally competent we are as professionals. They point to our fears, our biases, our prejudices, and our potentially racist thoughts. The recognition of diversity may give some counselors an immediate, simplistic place to begin to examine the problem issues, even though there may be no correlation between this and the problem. Culturally encapsulated counselors are quick to make judgments and diagnose a family based on their appearance or differentness alone. Faced with our reactions, we have options: to flee, to choose not to work with diverse families, to deny our reactions while remaining distant and disconnected from our clients, or to stay and work through these pesky signals and become competent, caring counselors who are able to help families change, navigate in a racist environment, and develop in positive ways.

Here are some questions to ponder:

- What are the limitations of the theories we use?
- Do they assume that certain attitudes and values are to be universally held and impose these upon families with differing cultures?
- How does understanding the individual's and family's cultural influences differ from looking for symptoms of dysfunction?
- How can professional diagnosis and treatment perpetuate culturally biased universal standards or stereotypes?

Culturally competent family counseling approaches the family with deep respect. Conceptualization, assessment, and treatment of families are undertaken as collaborative adventures. A broad, inclusive understanding of the diversity of human interaction replaces the narrow, restrictive interpretations that constrain families as well as counselors.

Universals in Family Functioning

The concept of healthy family functioning varies greatly among cultures and within families, yet research is beginning to examine family strengths and dimensions that can be applied to most cultures. According to Dancy & Handal's (1980) model, the key determinants of children's adjustment and satisfaction is not the appearance of the family, but the critical variables of family processes such as conflict resolution, problem solving, and family interaction. Strength-based models that appreciate each family's uniqueness and its functions regardless of its structural appearance lend themselves to cultural competency.

Strong, healthy families and a strong, healthy society are universally valued. According to Stinnett and DeFrain (1985), in studies of family strengths, six dimensions consistently were reported: commitment, communication, appreciation and affection, time spent together, ability to cope with stress, and spirituality. These dimensions were reported in strong families across all boundaries of appearance and diversity.

Anderson and Sabatelli (1999) found five family characteristics that have a positive influence upon the family system: common purposes and tasks, a sense of family history, emotional bonding, strategies for meeting the needs of individuals and the family as a whole, and firm yet flexible boundaries within and between family subsystems. Families that exhibit these qualities are able to adapt and adjust the family's rules, roles, communications, and patterns of interaction and to incorporate diverse family structures. Ivey and colleagues (2002) summarize this perspective clearly:

> Although the list of examples of cultural differences could go on, it is important to note the fundamental assumptions that ground our work as culturally competent family counselors and psychotherapists. In order to work ethically and effectively among culturally diverse families, we must (1) be aware of our own ethnic/racial heritage, (2) be alert to the ways in which sociopolitical factors and scientific

norms influence the field and our own theory and therapy approach, (3) demonstrate empathy for members of other cultures, (4) realize that ethnicity may be an essential ingredient in a treatment plan, and (5) not assume homogeneity within groups but instead remain keenly alert to the significant variations of each client and family while noting the broad characteristics that differentiate ethnic/racial groups. (p. 403)

Cultural Knowledge and Understanding of Diverse Families

Counselor-client differences on any of the dimensions of race, gender, sexual orientation, age, ethnicity, religion, disability, or family structure may give rise to a cross-cultural counseling experience. Sue, Arredondo, and McDavis (1992) proposed multicultural counseling competencies and standards to address these experiences. Three of the standards follow:

1. A counselor is aware of his or her own cultural values and biases.
2. A counselor is aware of the client's worldview.
3. A counselor is knowledgeable about culturally appropriate intervention strategies.

The first and second sections of this chapter have assisted you in self-examination through cultural exploration, racial identity development models, an outline for worldview awareness, and family "picture" work. At this point the imperative needs to move from "Counselor, know thyself" to "Counselor, know thy clients." The same strategies can be applied to this imperative. When working with diverse families, it is important to have an understanding of the experiences, heritages, backgrounds, and characteristics of the specific cultural groups with which you work. It is equally important to understand oppression and the significant impact it may have on development.

Ridley (1995) defines *racism* as "any pattern of behavior that tends to systematically deny access to opportunities or privileges to

members of one racial group while perpetuating access to opportunities and privileges to members of another racial group" (p. 28). According to Ridley, racism may be overt, covert intentional, or unintentional, but all are insidious forms of victimization. Racism and the various other-isms all imply *oppression,* that is, "the systematic, institutionalized, and socially condoned mistreatment of a group in society by another group or by people acting as agents for society as a whole" (Yuen, 2000). Oppression has residual effects, which it is important to recognize and understand in order to avoid judgmental and inferential errors, misdiagnosis, or inappropriate treatment (Ridley, 1995).

Discrimination of any kind—whether on the basis of race, gender, sexual orientation, ethnicity, disability, age, or other characteristics—limits the opportunities of the group labeled "inferior" and creates barriers to their advancement, while supporting and giving access to the "superior" group. Therefore, repeated exposure to discrimination may pose risks and cause harmful effects in the oppressed. Discrimination and oppressive circumstances interfere with a person's ability to live life fully, make choices, and exert control in building a meaningful life (Yuen, 2000).

Being marginalized and experiencing discrimination and oppression may have these effects:

- reduced access to social benefits, such as approval, popularity, rights, privileges, power, opportunity, knowledge, and advantages
- increased social risks, including victimization through violence, suspicion, blame, the assumption of guilt for crime or other harmful actions, rejection, alienation, isolation, and economic exploitation (Kids Help Phone website, 2001).

Oppression may become internalized in people who are oppressed, affecting the way they view and value themselves and how families value their members. Low self-esteem, depression, difficulties with interpersonal relationships, substance abuse, behavioral disorders, child abuse, domestic violence, helplessness, and suicide all may be symptoms of internalized oppression (Aponte & Wohl, 2000; Harper, 1988; Ho, 1990; Hughes & Demo, 1989;

McIntosh, 1984). Families that regularly suffer discrimination may carry into counseling sessions a distrust of the counseling process itself, exhibiting resistance, hostility, defensiveness, and suspicion. They may view the counselor as representing the oppressive majority group (cultural transference), as an oppressor, or as an authority figure. Anger, fear of reprisal, and inability to be genuine often result and confound the helping process. Cultural countertransference refers to the emotional response of the counselor being projected back onto the family. This may occur if the counselor is unaware of the cultural transference process or of his or her personal prejudices and stereotypes. Countertransference places the clients in a double bind of loss, whether they accept or reject the counselor's projection (Ridley, 1995).

For example, a counselor may immediately assume that a Black client's anger is Black rage. Countertransference occurs when the counselor dismisses it, minimizes it, or is afraid of it and as a result avoids any issues that could arouse it. The clients continue to lose because their issues are not dealt with therapeutically. Culturally incompetent counselors who have high power needs or high dependency needs or who experience "White guilt" may be condescending and paternalistic. This attitude may cause the clients to become enraged or passive, learned helplessness to be reinforced, and the ability to problem solve to be jeopardized. The therapeutic process and outcomes are impaired as a result (Vontress, 1981).

In order to understand a family's cultural perspectives, you can examine their worldviews and where they are in their development of racial identity, as well as encouraging them to tell their cultural stories. Outside of sessions, it is important to read, take workshops, do research about particular cultural dynamics, understand and examine yourself as a racial and cultural being, involve yourself in diverse cultural relationships and experiences, seek consultation and supervision about diversity issues, investigate institutional barriers, and learn to be an advocate for diverse clients (American Counseling Association, 1992). Ridley (1995) cautions counselors not to be blind to racial and cultural issues, but at the same time not to be overly color conscious, filtering every issue through the lens of race. In

addition, Paniagua (1996) recommended four areas to consider when working with families from the four major non-White cultural groups in the United States (i.e., African Americans, Native Americans, Asians, and Hispanics):

1. Focus on the extended family, because all four cultures value the inclusion of multiple family members in counseling sessions.
2. Examine the levels of acculturation within the family, because in all four cultures it is not uncommon to have dissimilar levels of acculturation among family members, and you will need to take this into consideration in your therapeutic processes and interactions with the family.
3. Consider the similarities and dissimilarities between yourself and the family, because these differences will influence assessment and treatment. The family needs to value the interactions, processes, and outcomes of the counseling relationship. Your cultural sensitivity, cultural competence, and credibility enhance the process.
4. Address the problems of bias in tests and assessment guidelines. Following are ten guidelines for minimizing bias in family assessment:
    - Examine your own bias and prejudice.
    - Be aware of the effects of racism.
    - Consider socioeconomic issues.
    - Minimize sociocultural gaps between yourself and the family.
    - Assess for the presence of culturally related syndromes (DSM-IV).
    - Ask culturally appropriate questions.
    - Consult folk healers.
    - Be cautious in using mental status exams.
    - Use the least biased assessments first.
    - Consider language differences.

Another important consideration is to avoid the pitfall of stereotyping on the basis of race or cultural group. Each person and family is unique and has its own culture. To assume that a particular

family possesses certain traits and values because of their race, creed, age, gender, or ethnicity is culturally naïve.

Williams (1999, p. 130) summarizes culturally competent considerations:

> Multicultural family therapy can be complex and challenging. Family counselors working ethically with ethnic or racial families must understand myriad cultural issues and be able to assess the impact of these issues on family processes. Levels of acculturation, ethnic/racial identity, cultural modes of interpersonal interaction, spirituality, social and class status and its relationship to race and racism, and gender and racial discrimination are potentially salient cultural issues.

Exercise Five

Please study this case, then reflect upon the questions that follow it.

Case Study

As part of your work at a university counseling center, you do pro bono work with people in the community. A children's services department in rural Appalachia has contacted you to counsel a 10-year-old boy named Joey. School officials have described Joey as big for his age, unruly, and conduct disordered. The teacher and principal are working to get this child evaluated and reassigned to a school for severely behaviorally handicapped children. You are advised that Joey broke a child's arm in kindergarten, which school officials describe as having started all the problems. Since then he has been described as a clown and troublemaker, constantly distracting others in the classroom and frustrating the teachers.

You want to see the entire family together but you have been told that "Dad," Joey's stepfather, definitely will not come in for counseling. You try to get the other family members to come in for sessions,

but you are only able to see Joey, his mother, and his aunt together about three times. The mother is 26 years old, very quiet and docile. The aunt, Mom's older sister is assertive and tells you that she is there to protect her sister from the system taking away her kids. She explains that this happened to her. She adds that her baby sister doesn't read, so she doesn't want her signing away all her rights. You try to reassure them and discuss informed consent and confidentiality issues.

In the initial session you learn that Joey is very mischievous at home as well as in school. He has a younger brother, age six. Joey is constantly getting him riled up through fighting and horseplay. Mom says it never stops. He takes hours to settle down at bedtime, jumping from bed to bed and kicking the furniture repeatedly, until Dad comes home from work around 11 p.m. and threatens to punish him. Mom says she and her husband do not beat Joey, instead punishing him by denying him videos, grounding him, or making him stand in the corner. They live in Dad's trailer with two of his older sons, ages 19 and 21, who both work and spend little time at home. They do, however, help with a lot of chores. Mom is emphatic that there are no drugs or alcohol in the house but says that her parents and the six siblings in her family of origin are all alcoholics.

Mom explains that Joey hit the kid in kindergarten after his maternal grandmother told Joey a family secret when she was drunk. Joey had assumed till then that the man he had lived with all his life was his Dad. Grandma told Joey that his real Dad was in prison and that this man was not his real father but only his brother's. Mom says she knows that was

wrong for his grandma to tell him this and thinks that this is when he started being angry.

Mom doesn't know what else to do about Joey's problems. Most of her interaction with her two boys seems to be negative; she describes it as mostly yelling and screaming. She says that she goes to bed with a migraine headache several times a week. She describes her nerves as being shot and explains that she had received some "nerve pills" in the past but was denied a refill of the prescription because the clinic doctor said she could depend on them too much.

You encourage Mom to get a physical. You discuss parenting issues with her, such as natural and logical consequences, and emphasize stressing the positive with the boys and trying to ignore some of the negative behavior. You encourage her to spend positive time with the children. You set up numerous appointments with the entire family, but Mom repeatedly breaks the appointments, giving as excuses that she has to bake a birthday cake that month, she doesn't have a car, she can't find a parking space at the university, or her headaches and backaches are bad. She sends Joey with his case worker. They have few resources and pay $2 for the session, usually in small change.

You continue to see Joey because Children's Services provides transportation. Through sand-tray work and game playing you recognize that Joey needs to be in control and to win. He seems to like power and getting people upset. He becomes joyful and silly when he gains power. Joey is beginning to talk to you about some of his real feelings of anger and guilt. You want to see the family together, because you know this is where the work really needs to be done.

Exercise Five continued

You get a call from Children's Services saying that Joey's mom called them. She and Joey's Dad want to stop counseling altogether because they say Joey comes home worse after his sessions with you.

Questions

Take some time to reflect on this family. Refer back to the guidelines for working with diverse families, then answer the following questions:

- How does this family's culture differ from your own? Jot down some ideas.
- What do you know about the Appalachian culture?
- What potential problems can you see?
- How could you have "joined" with this family?
- How did the differences between the family culture and the culture of the university counseling center inhibit progress?
- What could you do to learn more about this family and their culture?
- What do you think is causing the mother's resistance?

I had the opportunity to work with this family years ago, and they taught me more about becoming a culturally sensitive counselor than any other experience I have had. I am forever grateful to them. I had worked closely with my supervisors to try to understand Mom from her perspectives on life but felt that I never had gotten a real handle on her life. I became frustrated and judgmental. I, too, understood exhaustion and frustration. I had raised four children as a single parent. When my kids were all in their teens, there were days when I did not think I or they would make it. I baked birthday cakes and still went to therapy. I circled parking lots 12 times but still kept appointments. I hated myself for even making these comparisons, but I still did. I thought that I had worked really hard to be understanding of Mom's culture. I had told her numerous times in

the few counseling sessions we had had simply to focus on the positives and ignore the negatives. This did not seem to have any effect. When Mom pulled Joey because she felt that I was making him worse, my ego flared and I was hurt. Even though I was embarrassed by these feelings, I was able to discuss them with my supervisor.

When I got my ego under control, I phoned Mom. I told her that I would love to continue to see Joey, but that I would support her decision as his parent. I believed that she and her husband loved Joey and wanted only what they thought was best for him. I said I would be available if they ever needed me, and I supported their right to decide this. An hour later I got a call back from Mom stating that her husband liked what I had said and he wanted the family to continue. Her voice sounded lighter than I had heard it before.

I was encouraged. I relaxed and got creative, asking her if we could put our heads together to try and find ways to keep regular appointments and make some progress. I told her that negotiating the university parking situation was overwhelming for most of us. She described the rural area where she lived, and I found a Rural Action building in her area that would allow me to use a counseling office. Dad still declined to attend, but we had his complete support. I met the family on their turf bright and early twice a week. I'd start with Mom and Joey but would work with whoever came. I intuitively dressed down in an effort to bond with Mom and provide a safe environment. I concentrated on supporting Mom. I felt as if I was trying to gain the trust of a small, frightened child, but gradually she opened up. She shared her culture with me by telling me family stories and bringing in crafts and willow baskets that she and her husband made, displaying the skills that were passed down from generation to generation. Mom described her trailer and the land around it and how much they loved it.

Finally, feeling safer, she began to talk about all the drinking in her family when she was growing up. She had made a promise to herself that she would not drink because of her two children. Finally, she got up the nerve to ask me what *positive* and *negative* meant. She had not understood the words I had used so frequently in my pursuit

of teaching good parenting. I had never realized that. One sacred session she shared with me how her father had disciplined her and her siblings and got them all to do their chores. "You see, he'd line all us kids up against the wall. I was the baby and the last one. He got his shotgun out and held it here, to my head, and told the rest they'd better git goin' or he'd blow my head off." I cried with her, and for the first time I finally saw what it meant to understand life from my client's perspective . . . from her culture, her worldview, her values. I was working with a miracle and I had not known it. She didn't drink. She took care of her family's basic needs. She wasn't doing any of the things that were done to her as a kid. She drove. She could bake a birthday cake! These were miracles! I'd missed them all, and worse yet, I'd devalued them all by looking through my own White professional middle-class eyes and my ideas about what a normal family was. Once I was able to value her life and her work, and see her strength in holding this family together, things changed. Can you imagine how she must have felt in the beginning coming to me for counseling? I was part of the system that worked against her family and took kids away. She had to find me in a complex university setting without being able to read. I was an interloper into rural Appalachia . . . a Northern White "educated" woman who was going to tell her how to run her life and family. I might as well have worn a neon sign around my neck that glowed, "I AM THE EXPERT ON YOUR LIFE! TRUST ME!" Joining with Mom was the key to finally doing some solid work with this family. Trust starts with respect and valuing. Previously these had just been words to me. I had thought that I knew their meaning, but until I connected with this family, I knew only their surface meanings. This family taught me how to be a culturally sensitive family counselor.

Many traditional family therapy approaches do not have cultural sensitivity as an important foundation. Many systems counselors would not have seen this family because Dad would not come. Many theoretical models repeat the "social norms" and enforce male-oriented power dynamics, assuming theoretical values are universal and need to be imposed upon others of diverse cultures. What is the label *resistance* really all about? Examine it through the eyes of

culture. This is where we need to look at theoretical perspectives with the lens of cultural sensitivity and see their limitations. Multicultural family counseling works toward empowering families to cope with their lives as they perceive them. We need to use creativity and professional dialogue to find effective ways to meet the families with which we wish to join.

Multicultural Strategies for Family Work

Skills and strategies such as active listening, forming a therapeutic bond with the family, unconditional positive regard, and an understanding of systems theory are necessary in all family counseling sessions. Certain additional multicultural strategies are necessary when working with diverse families. In their highly respected work, Sue, Arredondo, and McDavis (1992) cite several general multicultural skills and abilities that a counselor should possess for competency in working with diverse populations:

- the ability to send and receive both verbal and nonverbal messages appropriately
- the ability to exercise institutional intervention on behalf of the client
- the ability to seek out and work with healers or spiritual leaders
- the ability to speak the language of the client, make an appropriate referral, or arrange translation
- the ability to use assessments and tests with expertise, understanding their cultural limitations
- the ability to work sensitively with people who have experienced oppression and discrimination and, where possible, to eliminate oppression and discrimination
- the ability to educate clients about processes and outcomes

In additional writings, two other abilities are added to the preceding list (Ivey et al., 2002):

- The ability to determine whether the problems that are addressed in counseling are the result of external factors,

such as racism and oppression

- The ability to educate clients about their rights

One of the more challenging aspects of working with diverse families is the conceptualization and management of resistance. Ridley (1995) points out that counselors need to be able to understand resistance therapeutically, not take it personally, and be able to employ resistance management strategies skillfully. Some of these strategies are refocusing attention on the clients; confronting normative resistance, contradictions, and inconsistencies; exposing clients to the concept of secondary gains; and reframing control needs.

Recently, specific interventions for use with culturally diverse families have appeared in the literature. Goldenberg and Goldenberg (1998) stress the importance of understanding the family's social and political context; developing a structure for working with institutional and community resources; formulating, supporting, and prioritizing concrete goals and solutions through problem solving; teaching effective communication techniques; empowering and strengthening the family to gain control of their lives; protecting the integrity of the family; reducing conflict and building flexible boundaries; and mobilizing the family to work together.

When working with families in which generational conflicts are exacerbating acculturation differences, Szapocznik and colleagues (1997) have proposed using a model called bicultural effectiveness training (BET). BET helps family members to realize the pressures that living in two cultures exert on them by having each member share his or her experience in a respectful way. Understanding the need for some flexibility and the harmful effects of rigidity aids the family in adjustment.

Assertiveness training (Alberti & Emmons, 1995; Cheek, 1976), relaxation techniques and stress inoculation and management (McNeilly, 1996; Meichenbaum, 1994), and storytelling are additional strategies and techniques that counselors have employed effectively to foster positive mental health in diverse families and to develop techniques for clients who have been disempowered.

Advocacy is a relatively new concept in working with diverse families. Kenney (2001) states that advocacy begins the moment you

begin to examine honestly and openly the concept of race in our society. Advocacy requires going out to schools, churches, and community agencies to ensure that your clients have available to them resources for their growth and enhancement. It requires counseling professionals to challenge political forces that keep people oppressed and deprived.

Exercise Six

Family Diversity Self-Assessment Checklist

The following Family Diversity Self-Assessment Checklist is adapted from the cultural competency work of Sue, Arredondo, & McDavis (1992) and Sue, Bernier, et al. (1982) and the feminist empowerment work of Worell and Remer (1992). I suggest you use this list periodically to re-examine your commitment to cultural competency.

Self-Awareness

1. How aware am I of my own family's culture, values, and attitudes?

2. How aware am I that my own family culture, values, and attitudes can create biases that influence the process of forming a therapeutic relationship with a family in counseling?

3. How am I able to understand, value, and communicate sensitivity for cultural backgrounds that are different from my own?

4. How do I consciously work on being open, receptive, and comfortable with a wide range of family cultures and values?

Exercise Six continued

5. What do I understand about how my image of a "normal family" can lead to discrimination, hindering progress and work?

6. How do I work to examine and eliminate any discriminatory attitudes, judgments, and beliefs I may have about families?

7. How do I work to increase my knowledge and understanding of individual, institutional, and sociopolitical oppression and discrimination, as well as how these factors influence diverse family systems?

8. What social and learning experiences do I actively seek out to increase my awareness, knowledge, and skill in working with a wide range of families?

9. How do I work to establish egalitarian personal and client-counselor relationships?

Worldview Awareness

1. How do I work to understand, assess, and empathically communicate how minority identity development, discrimination, and oppression affect the families with whom I work?

Exercise Six continued

2. How do I respect indigenous beliefs, practices, and rituals that are important to family functioning?

3. How effective am I in joining with the family, accepting where they are and understanding life from their perspective?

Culturally Appropriate Intervention Strategies

1. How do I work to send and receive communication effectively in cross-cultural interactions?

2. How do I work to identify external barriers that prevent optimal family functioning?

3. How do I advocate for the family to reduce or eliminate these barriers and help the family negotiate them?

4. How do I interpret and understand cultural bias in assessment data?

5. What culturally competent interventions am I able to use with families?

6. How do I work with families to help them set goals that are relevant to them?

Exercise Six continued

7. How well do I understand and work with the effects of trauma, sex-role stereotyping, victim blame, and power differentials?

8. Do I continue to self-monitor my attitudes and actions for bias and discriminatory practice? When I become aware of problems in these areas how do I seek to change them?

Conclusion

May (1998) summarizes the professional call in working with culturally diverse families:

> A diversity of challenges confronts us. We must be cultural brokers. We must broaden and deepen our professional roles. We must distinguish between cultural sensitivity, cultural relativism, and the cultural defense. We must facilitate a change for all families from separation, isolation, despair, and emptiness to contact, community, hope, and commitment. (p. 299)

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